Medical PA Criteria Proposal

Medical Procedure Class:	**CT of Thoracic Spine (back) v1.3**
Date:	**TBD**
Prepared for:	
Prepared by:	ACS-Heritage Information Systems, Inc.

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging
Why was this Issue Selected:	The indiscriminate use of expensive imaging exams for common and uncomplicated clinical presentations of the back and spine, e.g. chronic neck or back pain, have contributed to the perception of low value from these studies and to the high costs in managing these conditions. Patients with normal radiographic results (plain film X-rays) and no neurologic signs or symptoms will usually require no further imaging. However, patients with normal radiographs and positive neurologic signs or symptoms may require CT imaging.
Procedures subject to Pre-Certification	72128 Computed tomography, thoracic spine; without contrast material 72129 Computed tomography, thoracic spine; with contrast material 72130 Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections

Setting & Population:	All Medicaid fee-for-service patients

Type of Criteria:	☐ **Increased risk of ADE** ☒ **Appropriate Indications**	☐ **Non-Preferred Agent** ☐

Data Sources:	☐ **Only administrative databases**	☐ **Databases + Prescriber-supplied**

Setting & Population

- Procedure Group for review: CT of Thoracic Spine
- Common Diagnostic Indications: Pain, radiculopathy, new or progressive neurologic symptoms or deficits.
- Considerations: Unless contraindicated, MRI is the preferred modality for most thoracic spine imaging over CT, except for a few indications such as evaluation of suspected fracture or fracture follow-up.
- Age range: All patients

Approval Criteria

Patients with any of the following diagnostic indications for CT of the Thoracic Spine, which may include supporting clinical information:

- Persistent pain or radiculopathy, with > 6 weeks of conservative therapy and inadequate response to treatment. Note: children may not require 6 weeks
- New or progressive neurologic symptoms or deficits, e.g. motor or sensory loss attributable to thoracic spine pathology
- Signs or symptoms of spinal cord or nerve root compression, e.g. from disc herniation or spinal stenosis
- Multiple Sclerosis or other demyelinating diseases or myelopathies
- Infectious or inflammatory processes
- Possible spinal cord injury and post-traumatic neurologic deficit
- Post-operative evaluation, with new neurologic findings
- Tumor evaluation, for suspected or documented lesions
- Fracture evaluation, for suspected or known fracture (CT typically is the preferred imaging modality for fractures)
- Severe scoliosis, which may include pre- or post-operative evaluation

Denial Criteria

Patients without any of the above diagnostic indications for CT of the Thoracic Spine. Some of these requested exams may be approvable upon the submission of appropriate supporting clinical information.

- For patients with chronic back pain and the absence of neurologic signs and symptoms, plain radiographs should usually be the initial study performed in their evaluation
- Has not had a Thoracic Spine X-ray in the last 60 days
- Have had a CT or MRI of the Thoracic Spine in the last 6 months

Required Documentation

Laboratory results:	☐	Progress notes:	☐
MedWatch form:	☐		☐

References

1. Hitselberger WE, Witten RM. Abnormal myelograms in asymptomatic patients. J Neurosurg 1968; 28(3):204-206.
2. Wiesel SW, Tsourmas N, Feffer HL, et al. A study of computer-assisted tomography. I. The incidence of positive CAT scans in an asymptomatic group of patients. Spine 1984; 9(6):549-551.
3. Saifuddin A. MRI of acute spinal trauma. Skeletal Radiol 2001; 30(5):237-246.
4. Brown CVR, Antevil JL, Sise MJ, Sack DI. Spiral computed tomography for the diagnosis of cervical, thoracic, and lumbar spine fractures: Its time has come. J Trauma 2005; 58(5):890-896.
5. Wintermark M, Mouhsine E, Theumann N, et al. Thoracolumbar Spine Fractures in Patients who have Sustained Severe Trauma: Depiction with Multi-Detector Row CT. Radiology 2003; 227: 681-689.
6. Jaramillo D, Poussaint TY, Grottka BE. Scoliosis: Evidence-Based Diagnostic Evaluation. Neuroimag Clin N Am 2003; 13: 335-341.